

**CHANGES**

Only complete this information if you have changed in any of the categories below.

NEW NAME \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

NEW CLASSIFICATION \_\_\_\_\_

FULL TIME, PART TIME OR CASUAL \_\_\_\_\_

AGE CHANGE (if under 21) \_\_\_\_\_

NEW DEPARTMENT \_\_\_\_\_

# TIME SHEET

**TO BE COMPLETED DAILY**

COMPANY \_\_\_\_\_

DEPARTMENT WORKED IN \_\_\_\_\_

ROSTERED DAYS OFF \_\_\_\_\_  
(Full timers only)

YOU MUST FILL IN YOUR EMPLOYEE NUMBER EACH WEEK.

EMPLOYEE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

FULL TIME, PART TIME OR CASUAL \_\_\_\_\_

AGE (if under 21) \_\_\_\_\_

	Date	Time of Starting Work am/pm	Broken Time, Meals etc.						Time of Finishing Work	Total Hours Worked	Employee's Signature	FOR OFFICE USE ONLY						
			Time of Leaving	Time of Resuming	Time of Leaving	Time of Resuming	Time of Leaving	Time of Resuming				T	T <sup>1</sup> / <sub>10</sub>	T <sup>1</sup> / <sub>4</sub> / T <sup>1</sup> / <sub>3</sub>	T <sup>1</sup> / <sub>2</sub>	T <sup>3</sup> / <sub>4</sub>	2T	2T <sup>1</sup> / <sub>2</sub>
<b>Thursday</b>																		
<b>Friday</b>																		
<b>SATURDAY</b>																		
<b>SUNDAY</b>																		
<b>Monday</b>																		
<b>Tuesday</b>																		
<b>Wednesday</b>																		

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**IMPORTANT**

New employees are reminded that it is their responsibility to submit a tax file number declaration form. It is suggested that you attach the form to your time sheet so that it doesn't get lost. If this is your only job then you should tick "Yes" to the General Exemption, if it is not then tick "No". If you don't have your tax file number you must still submit the form and you are given 28 days from commencing to give us the number. Employees who do not submit a form or who do not provide their tax file number within 28 days will be taxed at 47 cents in the dollar.

57	41	42	43	44	45	46		
58			47		48			
59					49			
60					50			
OTHER								